

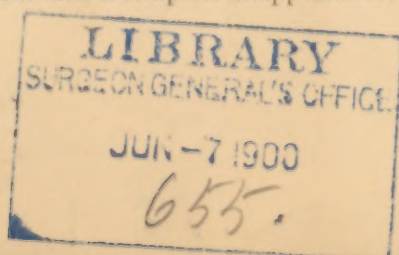
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TWO CASES  
OF  
OVARIAN TUMOR.

BY  
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I DO not wish to assert that ovarian tumors are cured with medicines, but simply to report two cases occurring in my own practice, in which the diagnosis was undoubted, the tumors disappearing after the administration of medicines, with a view of having the subject discussed to determine whether the medicines did have a curative effect.

CASE I.—A woman, æt. 48, unmarried, had an ovarian cyst so large that it filled almost completely the abdominal cavity. The cyst had been emptied, as far as was possible, on three occasions, by tapping, at the hands of Dr. Atlee of Philadelphia. Desiring to try the efficacy of Homœopathy, inasmuch as the cyst rapidly refilled after the third operation, the patient applied to me, and I prescribed Apis 30, twelve powders, one to be taken night and morning. Several months afterwards this patient returned without any tumor, and she is living to-day, now æt. 61 years, without any signs of abdominal enlargement. This patient, however, did not credit the Apis with the cure. She took only four of the powders, and then ceased to take more because she was being salivated. That was her interpretation of a decided increase of the saliva, which, I ascertained, lasted some days. At this time there was also an increase of the urinary secretion. A few weeks after these salivary and urinary phenomena, she had a severe fall, and thereupon there was a rapid decrease of the abdominal enlargement, and some weeks later a complete disappearance of the tumor.



CASE II.—A woman, æt. 53, married, consulted me on July 17, 1888, complaining of constipation and an abdominal enlargement, attended with pain of a sore, tearing and burning character, in the right side of the abdomen, worse from quiet, especially at night, relieved by walking or exercise. On inquiring into the history of this woman, I found that she married in 1861, gave birth to a child in 1862, to a second girl in 1865, and to a boy in 1866. At 40 years she ceased to menstruate, suffered none during nor after the climaxis, until in her 51st year, when she noticed a slowly-increasing enlargement towards the right of the median line of the abdomen. The tumor became larger and larger; constipation, dysuria and abdominal discomfort ensued, and at the time of her consultation with me suffered as already noted. I found, on examination, a somewhat emaciated patient; the face wearing a worried and anxious look; the mammæ small and flabby; the umbilicus sunken, the abdomen large; through which could be plainly felt a movable tumor, and by vaginal examination a uterus displaced back of the tumor. I made the following measurements:

	Inches.
1. Waist measure, . . . . .	28
2. Around abdomen over crests of the ilii, . . . . .	37
3. Around abdomen two inches below the crests of the ilii, . . . . .	39
4. Across abdomen on a line with umbilicus, . . . . .	18
5. From end of ensiform to upper edge of pubis, . . . . .	14
6. Tumor from side to side, . . . . .	13
7. Tumor from upper border to pubis, . . . . .	11

I prescribed *Rhus tox.* 3, which was followed by a relief of the pain and constipation, the sleep was better, and one week later the patient was so much improved that she went to Atlantic City, N. J. Here she acted injudiciously, and by bathing in rough surf and exposure to damp air at night contracted cold, which was followed by a violent peritoneal inflammation, for which she received treatment by Dr. Boardman Reed, an old-school physician. Dr. Reed also diagnosed an ovarian tumor and advised its removal after the subsidence of the peritonitis. After some improvement of the more acute inflammatory symptoms, I saw her on August 1, 1888, and again prescribed *Rhus tox.* 3, which was



followed by a complete subsidence of the peritonitis, and on August 14th she was well enough to be brought back to Philadelphia, but with the beginning of a rapidly developing parotitis of the left side. This glandular inflammation resulted in an extensive suppuration, which was only partially benefited by Hepar 3x trituration. I continued the remedy intermittently until September 1st, in the meantime having made a free opening for the discharge of the pus, notwithstanding which, however, sinuses formed and the discharge found its way into the mouth and through the external ear. I then enlarged the opening I had made, and frequently washed out the pus cavity and sinuses with sterilized water. At this time the following symptoms were present: Flatulency; variable appetite for food, but little satiates; bloating after eating, with boring pain in the right hypochondrium extending down into the hypogastrium, and pressure on the rectum and bladder; frequent desire for stool, but often ineffectual, the evacuations, when they did occur, being scanty; urine scanty, and depositing reddish sediment; abdomen sensitive to deep pressure, especially on right side of tumor, and at times, when bloating was great, the whole abdomen sensitive to pressure of the clothing; very irritable and cross, especially after sleeping; emaciation, and imperfect circulation of lower extremities, the feet being constantly cold. At this time there was no active peritoneal inflammation, and the measurements and condition of the tumor were essentially as they were on July 17th. I prescribed Lycopodium 4x trit., which was soon followed by improvement of the above enumerated symptoms and the suppurative process of the parotid, and she was placed on placebo. On October 11, 1888, the parotitis had entirely disappeared, and she felt so much better that she could go about with more freedom than for months, and she believed the tumor was smaller. I thereupon made measurements again, and found that—

	Inches.
1. Waist measure, . . . . .	26½
2. Around abdomen over crests of the ilii, . . . . .	33
3. Around abdomen, two inches below crests of the ilii, . . . . .	35½
4. Across abdomen on a line with umbilicus, . . . . .	16
5. From end of ensiform to upper edge of pubis, . . . . .	14
6. Tumor from side to side, . . . . .	11
7. Tumor from upper border to pubis, . . . . .	9

At this time appetite was normal, bowels regular, nutrition good. Without any further medication the improvement was continuous, and on December 8, 1888, she had gained nine pounds, since October 11th, and the measurements showed—

	Inches.
1. Waist measure, . . . . .	27
2. Around abdomen over crests of the ilii, . . . . .	34½
3. Around abdomen, two inches below crests of the ilii, . . . . .	36
4. Across abdomen on a line with umbilicus, . . . . .	15
5. From end of ensiform to upper edge of pubis, . . . . .	13½
6. Tumor from side to side, . . . . .	9
7. Tumor from upper border to pubis, . . . . .	7

On May 21, 1889, she was entirely well. The gain in weight was twenty-four pounds since December 8th, and the measurements were:

	Inches.
1. Waist measure, . . . . .	29
2. Around abdomen over crests of the ilii, . . . . .	36½
3. Around abdomen, two inches below crests of the ilii, . . . . .	37
4. Across abdomen on a line with umbilicus, . . . . .	14
5. From ensiform to upper edge of pubis, . . . . .	13½

The measurements heretofore numbered 6 and 7 are omitted in this last table, as there was no tumor to measure—verified further by a thorough vaginal and abdominal examination, showing a normal uterus and appendages.